

FILED DEC 2 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39258

STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1293

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital #2.</u>		d. STREET ADDRESS (If outside, give location) <u>904 E. 15th St.</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Clementine Ewing</u>		4. DATE OF DEATH Month Day Year <u>November 25, 1957.</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>About 1887</u>
9. AGE (In years last birthday) <u>70</u>		10. AGE (In years last birthday) <u>70</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>	
11. BIRTHPLACE (City and state or country) <u>Morgan Co., Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Alfred (Unknown)</u>		13b. MOTHER'S MAIDEN NAME <u>Fannie Nutt</u>	
14. NAME OF HUSBAND OR WIFE <u>John F. Ewing</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Lowell Lochary</u> Address <u>Kansas City, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Syphilitic Meningo Encephalitis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Syphilis of cerebral central nervous system</u> DUE TO (c) <u>025X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Jan. 1, 1957.</u> to <u>Nov. 25, 1957.</u> and last saw her alive on <u>Nov. 25, 1957.</u> Death occurred at <u>11:30 P.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Harriet Thomas M.D.</u>		22b. ADDRESS <u>112 N. 12th St. St. Joseph, Mo.</u>	
22c. DATE SIGNED <u>11-26-57</u>		23. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Nov. 27, 1957.</u>	
23c. LOCATION (City, town, or county) <u>St. Joseph, Missouri.</u>		23d. LOCATION (City, town, or county) <u>St. Joseph, Missouri.</u>	
24. FUNERAL DIRECTOR <u>Meierhoffer-Fleeman, Inc., St. Joseph, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Nov. 27, 1957</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs. Robert Fulton</u>		27. REGISTRAR'S SIGNATURE <u>Mrs. Robert Fulton</u>	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Bill J. Murphy

Licensed Embalmer No. 4679

P. O. Address St. Joseph, Mo.

Note: The above MUST-BE-SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.